

PUBLIC VOUCHER FOR PURCHASES /
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. 1063

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at _____

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To _____

(Payee)

(Address)

(City)

(State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				4,717.	37

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total 4,717.37

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

STATINTL

(Sign original only)

Differences _____

Date 11/8/57

*Payee

not required when a like certificate is made by payee on attached bill or bills)

Per _____

Title _____

Amount verified; correct for

(Signature or initials) JER

Contract No. A101 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

†

(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____
Cash, \$ _____, on _____, 19____ Payee _____
(on Treasurer of the United States in favor of payee named above.)

(Sign original only)

* When a voucher is signed or receipted in the name of a company or other entity, the name of the person writing the company or other entity must appear as the entity, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010075-3

Public Voucher for Purchase of
Services Other Than Personal

MEMORANDUM

CONTINUATION SHEET

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Sheet No. 1 of Bureau Voucher No. 1063

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Contract A101 - System I					
		Direct Costs Properly Chargeable to Contract A101 for the period 10-28-57 thru 11-3-57.					
		STATINTL					
		Research & Development					
					Production		
						Total	
		Labor for Week Ending November 3, 1957					
		Overhead computed for Communications Division at interim rates as follows:					
		Research & Development - [REDACTED]					
		Production - [REDACTED]					
		STATINTL					
		Other Costs - per schedule attached (137.86) ✓ sheet no. 2 4.70 ✓					
		Total Labor, Overhead, and Other Costs					
		G & A expense computed at interim rate of [REDACTED]					
		Total Costs					
		STATINTL					
						\$ 4,717.37 ✓	

Public Voucher for Purchases and
 Services Other Than Personal
 Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010075-3
 MEMORANDUM

CONTINUATION SHEET

U. S. COST REIMBURSABLE Sheet No. 2 of Bureau Voucher No. 1063
 (Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
TICKET INVOICE CR MEMO	CHECK NO.	PAYEE OR VENDOR NO.					
C034570	11087	136					4.80
C034570	11087	136					(.10)
						\$	<u>4.70</u>

TICKET

BAICH INVOICE CHECK CR MEMO NO. DATE 28 7 CM-1146 10317 405 50 254000 12501 5041 14 1 18.00

47 10 28 7 CM-1146 10317 405 51 254000 12501 5041 14 1 36-

32 10 30 7 75 8558 352 55 254000 12501 5041 14 1 4.50

22.14 *

22.14 **

22.14 ***

Continued

2
3
4
5
6
7

Sheet #2

PAYEE NAME

DATE 10/30/57

DISIR AMI

SO W Q

MJO

ACCI

CNIR

IR

OR

VENDOR NO

CHECK NO

INVOICE CR MEMO

BATCH NO

DATE

198.00-

10.00

28.00

160.00-*

160.00-**

160.00-***

Sheet #2

22.14

Total

137.867